

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006158

**Entity Name:** PUNTO VERTICAL MINISTRIES, INC.**Current Principal Place of Business:**1665 MALABAR RD  
MALABAR , FL 32950**Current Mailing Address:**PO BOX 101451  
PALM BAY, FL 32910 US**FEI Number:** 47-4365593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JUARBE, HECTOR M  
3517 VISTA OAKS DR.  
PALM BAY, FL 32905 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JUARBE, HECTOR M
Address	73517 VISTA OAKS DR.
City-State-Zip:	PALM BAY FL 32905

Title	SECRETARY
Name	VIDAL, LESANDRA
Address	3517 VISTA OAKS DR.
City-State-Zip:	PALM BAY FL 32905

Title	DIRECTOR
Name	SERRANO, ROBERTO
Address	2016 MEADOWMOUSE STREET
City-State-Zip:	ORLANDO FL 32837

Title	TREASURER
Name	BUKOWSKI, KENNETH EDWARD
Address	1299 GOODE DR. NE
City-State-Zip:	PALM BAY FL 32907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HECTOR M JUARBE**PRESIDENT****01/31/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date